

## **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

**FILING DATE**

**APPLICANT(S)**

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**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	2					
5	2					
6	2					
7	2					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	2					
15	2					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	2					
23	2					
24	2					
25	1					
26	1					
27	3					
28	3					
29	3					
30	1					
31	1					
32	1					
33	2					
34	2					
35	2					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	2					
43	2					
44	2					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
1						
23						
25						
12						
54						
55						
56		(3)				
57		(3)				
58		(3)				
59		15				
60		15				
61		15				
62		15				
63		1				
64		1				
65		2				
66		2				
67		2				
68		2				
70						
91		1				
161		1				
71						
72						
73						
74						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						